

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

34753

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>148</u>	
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. LENGTH OF STAY (in this place) <u>5160</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		<u>2601</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2601 Chestnut, Trenton, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>2601 Chestnut</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>THARON</u>		c. (Last) <u>CONRAD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 26 1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>		8. DATE OF BIRTH <u>MAY 16 1952</u>	
9. AGE (In years last birthday) <u>5</u>		10. MONTHS <u>10</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Trenton Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		13a. FATHER'S NAME <u>Tharon Conrad</u>		13b. MOTHER'S MAIDEN NAME <u>Beatha Jackson</u>	
13c. NAME OF HUSBAND OR WIFE <u>None</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Tharon Conrad</u>		17. ADDRESS <u>Trenton, Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Virus Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-25-1952</u> to <u>10-26-1952</u> , that I last saw the deceased alive on <u>10-25-1952</u> and that death occurred at <u>8:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Miss Susan W. Davis</u>				23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>10-27-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 28 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Trenton Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-28-52</u>		REGISTRAR'S SIGNATURE <u>Drene Fair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis - Blackman</u>		ADDRESS <u>Trenton, Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. 454

working under my personal supervision.

Student Harold L. Robert
Student Embalmer

Signed

Harold Blackman

Licensed Embalmer No. 4602

P. O. Address Trouton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.